



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Assistant Commissioner for Patents  
Box: Non-Fee Amendment  
Washington, D.C. 20231**

on 1-18-C2.

Holli Glossop  
Holli Glossop

**RECEIVED**  
FEB 20 2002  
Technology Center 2100

In Re Application Of: Haines et al.

Group No.: 2166

Serial No.: 09/917,359

Docket No. 050320-1040

Filed: July 27, 2001

For: **SYSTEM AND METHOD FOR PROVIDING MEDICAL CARE VIA A VIRTUAL CALL CENTER**

The following is a list of documents enclosed:

Return Postcard

Amendment, Petition and Fee to Delete and/or Add to Original Erroneously Named or not named Inventor in Declaration-Nonprovisional Application

Assent of Assignee to Correction

Statement of Non-Deceptive Intent by Person Being Added

Check in the amount of \$130.00

Copy of Previously Filed Declaration

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEES TRANSMITTAL  
for FY 2002**

FEB 11 2002

Parent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 130.00)

**Complete If Known**

|                      |               |
|----------------------|---------------|
| Application Number   | 09/917,359    |
| Filing Date          | July 27, 2001 |
| First Named Inventor | Haines et al. |
| Examiner Name        |               |
| Group / Art Unit     | 2166          |
| Attorney Docket No.  | 050320-1040   |

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge to the following Deposit Account.
- |                        |                                    |
|------------------------|------------------------------------|
| Deposit Account Number | 20-0778                            |
| Deposit Account Name   | Thomas, Kayden, Horstemeyer Risley |
- Charge any additional fee required and requested to credit any overpayment.
- Charge all indicated fees and any additional fee required or credit any overpayment. Charge any additional fee required and requested to credit any overpayment.
- Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:
- |   |                                      |                                      |                                |
|---|--------------------------------------|--------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Other |
|---|--------------------------------------|--------------------------------------|--------------------------------|

**FEES CALCULATION****1. BASIC FILING FEE**

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description        | Fee Paid |
|----------------|-----------------|----------------|-----------------|------------------------|----------|
| 101            | 740             | 201            | 370             | Utility filing fee     | \$       |
| 106            | 330             | 206            | 165             | Design filing fee      | \$       |
| 107            | 510             | 207            | 255             | Plant filing fee       | \$       |
| 108            | 740             | 208            | 370             | Reissue filing fee     | \$       |
| 114            | 160             | 214            | 80              | Provisional filing fee | \$       |
| SUBTOTAL (1)   |                 |                |                 | (\$)                   |          |

**2. EXTRA CLAIM FEES**

|                    | Extra Claims    | Fee from below    | Fee Paid |
|--------------------|-----------------|-------------------|----------|
| Total Claims       | [ ] -20** = [ ] | x [ 9.00 ] = [ ]  |          |
| Independent Claims | [ ] -3** = [ ]  | x [ 42.00 ] = [ ] |          |
| Multiple Dependent |                 | [ 140.00 ] = [ ]  |          |

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description   |
|----------------|-----------------|----------------|-----------------|---|
| 103            | 18              | 203            | 9               | Claims in excess of 20                                    |
| 102            | 84              | 202            | 42              | Independent Claims in excess of 3                         |
| 104            | 280             | 204            | 140             | Multiple dependent claims in excess of 3                  |
| 109            | 84              | 209            | 42              | **Reissue independent claims over original patent         |
| 110            | 18              | 210            | 9               | **Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2)   |                 |                |                 | (\$)  |

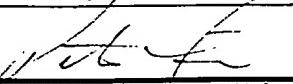
\*\* or number previously paid, if greater. For Reissues, see above

| 3. ADDITIONAL FEES  | Fee Description | Fee Paid                  |
|---------------------|-----------------|---------------------------|
| 105                 | 130             | 205                       |
| 127                 | 50              | 227                       |
| 139                 | 130             | 139                       |
| 147                 | 2,520           | 147                       |
| 112                 | 920*            | 112                       |
| 113                 | 1,840*          | 113                       |
| 115                 | 110             | 215                       |
| 116                 | 400             | 216                       |
| 117                 | 920             | 217                       |
| 118                 | 1,440           | 218                       |
| 128                 | 1,960           | 228                       |
| 119                 | 320             | 219                       |
| 120                 | 320             | 220                       |
| 121                 | 280             | 221                       |
| 138                 | 1,510           | 138                       |
| 140                 | 110             | 240                       |
| 141                 | 1,280           | 241                       |
| 142                 | 1,280           | 242                       |
| 143                 | 460             | 243                       |
| 144                 | 620             | 244                       |
| 122                 | 130             | 122                       |
| 123                 | 50              | 123                       |
| 126                 | 180             | 126                       |
| 581                 | 40              | 581                       |
| 146                 | 740             | 246                       |
| 149                 | 740             | 249                       |
| 179                 | 740             | 279                       |
| 169                 | 900             | 169                       |
| Other fee (specify) |                 | Additional Inventor Added |

\*Reduced by Basic Filing Fee Paid

|              |  |               |
|--------------|--|---------------|
| SUBTOTAL (3) |  | <b>130.00</b> |
|--------------|--|---------------|

Complete (if applicable)

|                       |   |                                      |        |                         |              |
|-----------------------|---|--------------------------------------|--------|-------------------------|--------------|
| SUBMITTED BY          | Peter A. Nives  | Registration No.<br>(Attorney/Agent) | 48,173 | Telephone Number        | 770-933-9500 |
| Typed or Printed Name |   | Date                                 | / / 02 | Deposit Account User ID |              |
| Signature             |  |                                      |        |                         |              |

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Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office Washington DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

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